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Credentials:

Registered Nurse

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MEDICATION ADHERENCE: OVERVIEW



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MEDICATION ADHERENCE 3 PART SERIES

Webinar 1 - Today, Oct 10, 2018

➤ **Medication Adherence Overview**

Webinar 2 - Oct 17, 2018

➤ **Medication Adherence: Managing Cost**

Webinar 3 – Oct 24, 2018

➤ **Medication Adherence: Strategies and Tools**

MEDICATION ADHERENCE

Today's Learning Objectives

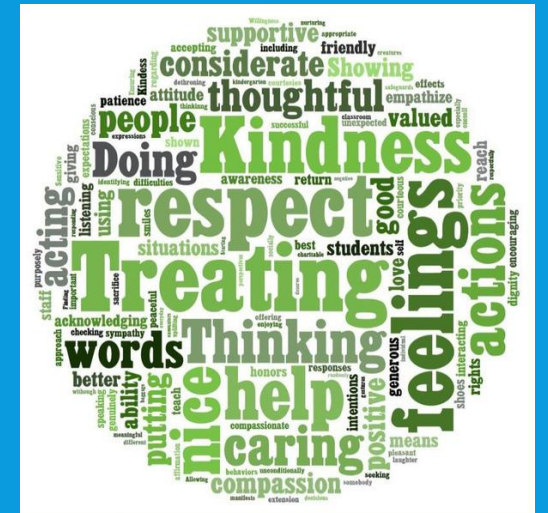
- Learn why this is such an important and complex topic
- Identify the primary causes of medication non-adherence
- Discover a couple tools to assess medication adherence
- Discuss common barriers to medication adherence
- Begin discussion of how those working in the community can have a role in improving medication adherence

THERE IS NO SILVER BULLET, BUT...

“Do what you can, where you are, with what you have.” – Theodore Roosevelt

"Put your heart, mind and soul into even your smallest acts. This is the secret of success." – Swami Sivananda

- Medical providers suffer from a chronic lack time and to be efficient the provider must control the conversation.
- The community health worker, EMT, and/or paramedic has the unique opportunity to sit and be present with patients – listen and discuss topics that are important to that individual including medications



MEDICATION ADHERENCE: WHY SO IMPORTANT???

“In the United States, some 3.8 billion prescriptions are written every year,^[2] yet over 50% of them are taken incorrectly or not at all.”

“In a survey of 1000 patients, nearly 75% admitted to not always taking their medications as directed.”

“A study of over 75,000 commercially insured patients found that 30% failed to fill a new prescription, and new prescriptions for chronic conditions such as high blood pressure, diabetes, and high cholesterol were not filled 20%-22% of the time.”

“Poor compliance accounts for 33%-69% of drug-related adverse events that result in hospital admissions.”

Neil Chesanow, Medscape

<https://www.medscape.com/viewarticle/818850>

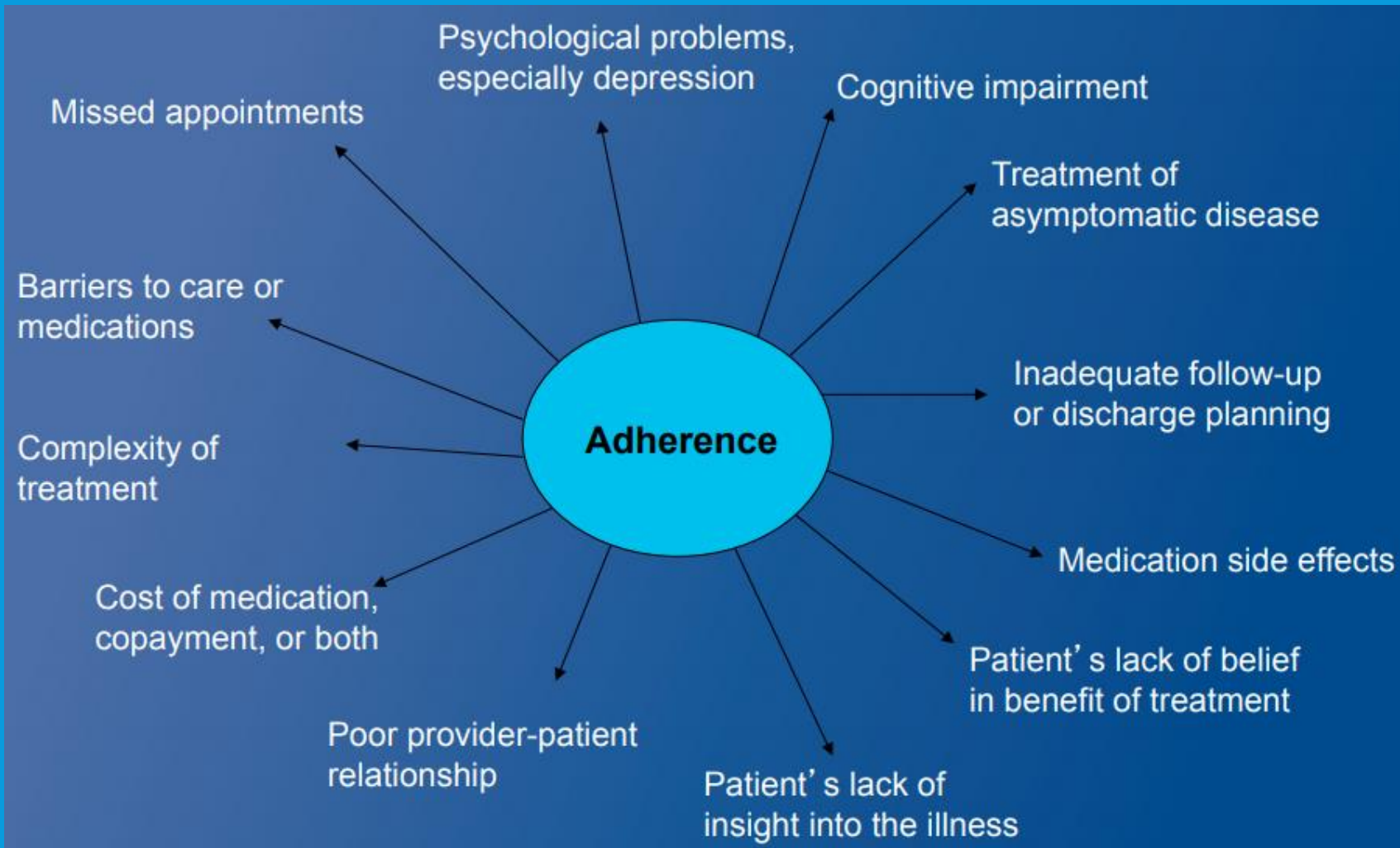
MEDICATION ADHERENCE: WHY SO IMPORTANT???

“WHO reported that adherence among patients with chronic diseases averages only 50% in developed countries. This is recognized as a significant public health issue, since medication nonadherence leads to poor health outcomes and increased healthcare costs.” *Lam and Fresco*

“Medication non-adherence has important health consequences, ranging from decreased quality of life and poorly managed symptoms to death. But the implications of medication non-adherence extend beyond the individual; non-adherence is also associated with significant societal costs. Upwards of \$300 billion of avoidable health care costs have been attributed to medication non-adherence annually in the U.S., comprising up to 10% of total health care costs.” *Zullig and Bosworth*

THE \$290 BILLION QUESTION – WHY?

THE ANSWER – IT IS COMPLEX AND MULTIFACTORIAL!



“Drugs don’t work for patients who don’t take them.”

C. Everett Koop, MD, Former US Surgeon General

MEDICATION ADHERENCE SIMPLIFIED

Three Primary Causes of Medication Non-adherence:

1. Knowledge deficits related to the purpose and importance
2. Concern about side effects
3. Financial burden

The Adherence Estimator®

New Prescription Survey

Your doctor would like to know your thoughts and opinions about your new medicine. Please answer the following questions. There are no right or wrong answers.

Medication:

For each question, please touch the box that best describes how you feel about the medicine noted above.

1

	Agree completely	Agree mostly	Agree somewhat	Disagree somewhat	Disagree mostly	Disagree completely
I am convinced of the importance of my prescription medicine.	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>

2

	Agree completely	Agree mostly	Agree somewhat	Disagree somewhat	Disagree mostly	Disagree completely
I worry that my prescription medicine will do more harm than good to me.	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>

3

	Agree completely	Agree mostly	Agree somewhat	Disagree somewhat	Disagree mostly	Disagree completely
I feel financially burdened by my out-of-pocket expenses for my prescription medicine.	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>

MY RESULTS!

The Adherence Estimator® Interpretation Guide

If a patient falls into the medium or high categories,
you can use the appropriate Response Card to help support your discussion.

Commitment

Patient's belief that prescription medication is necessary.

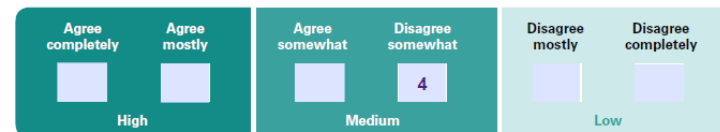


Total number of points **11**

8–36 High likelihood for nonadherence
(<32% probability for adherence)

Concern

Patient's concern that prescription medication will do more harm than good.

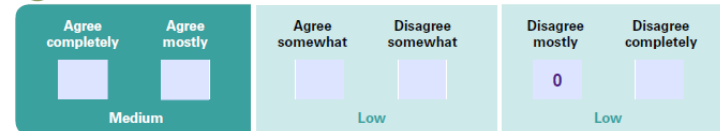


2–7 Medium likelihood for nonadherence
(32%–75% probability for adherence)

0 Low likelihood for nonadherence
(>75% probability for adherence)

Cost

Patient's belief that prescription medication is not affordable.



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Adherence Estimator Kit, Instructions PDF
English
N06D-1149757-0000 02/16

MEDICATION ADHERENCE: GOING DEEPER

- Cognition
- Memory
- Schedule/busyness
- Side effects
- Insight
- Asymptomatic
- Annoyance
- Human!

	YES	NO
1. Do you sometimes forget to take your medication?		
2. People sometimes miss taking their medications for reasons other than forgetting. Over the past 2 weeks, were there any days when you did not take your medication?		
3. Have you ever cut back or stopped taking your medication without telling your doctor because you felt worse when you took it?		
4. When you travel or leave home, do you sometimes forget to bring your medication?		
5. Did you take all your medication yesterday?		
6. When you feel like your symptoms are under control, do you sometimes stop taking your medication?		
7. Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?		
8. How often do you have difficulty remembering to take all your medication? Never/Rarely..... Once in a while..... Sometimes..... Usually..... All the time.....		

© Morisky Medication Adherence Scale (MMAS-8-Item). Use of the ©MMAS is protected by US copyright laws. Permission for use is required. A license agreement is available from: Donald E. Morisky, ScD, ScM, MSPH, Professor, Department of Community Health Sciences, UCLA School of Public Health, 650 Charles E. Young Drive South, Los Angeles, CA 90095-1772.

The 8-item Morisky Medication Adherence Scale

THE FOUNDATION OF SUCCESS

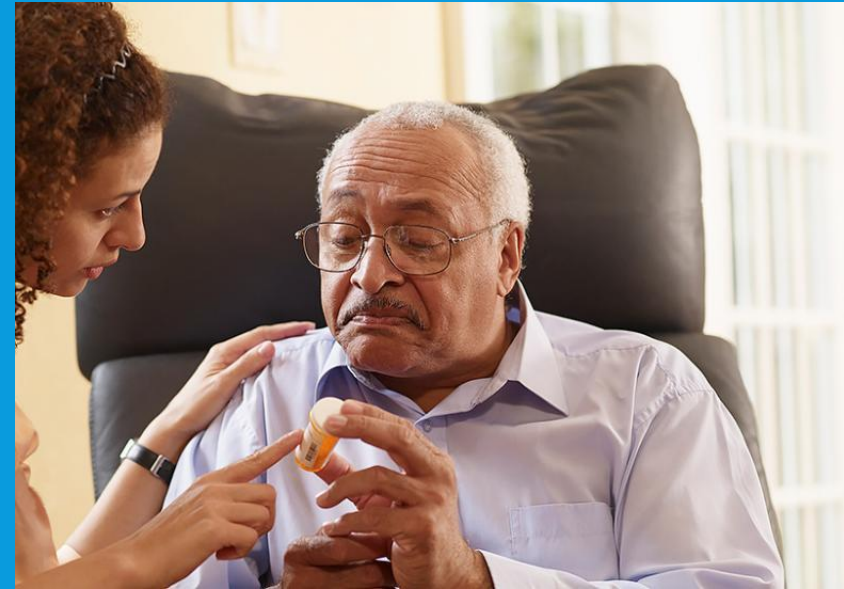
A good place to start!

- Get the right prescription
- Fill the prescription
- Adhere to the prescription for 6 months when risk of non-adherence is the greatest
- Take the medication indefinitely as prescribed for a chronic condition

WHAT ELSE TO CONSIDER?

Physiological Factors

- Memory loss
- Hearing and/or vision loss
- Mobility limitations
- Presence of symptoms
- Cognitive impairment



WHAT ELSE TO CONSIDER?

Behavioral Factors

- Social isolation
- Social and health beliefs
- Economic condition

Treatment Factors

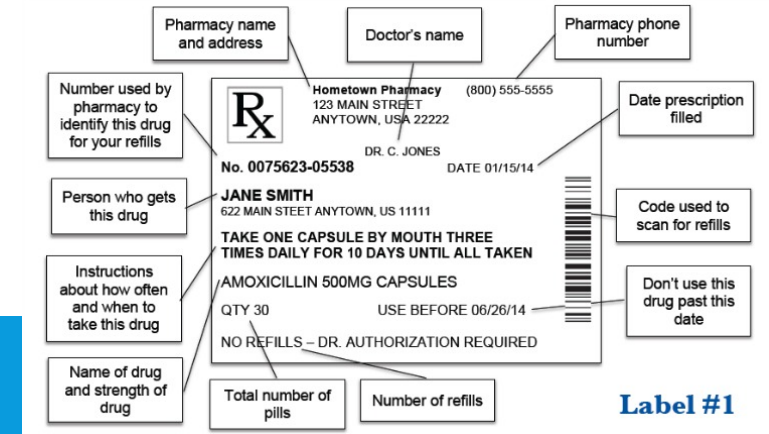
- Duration and complexity of medication regiment
- Type of medications
- Patient's perception of the medication



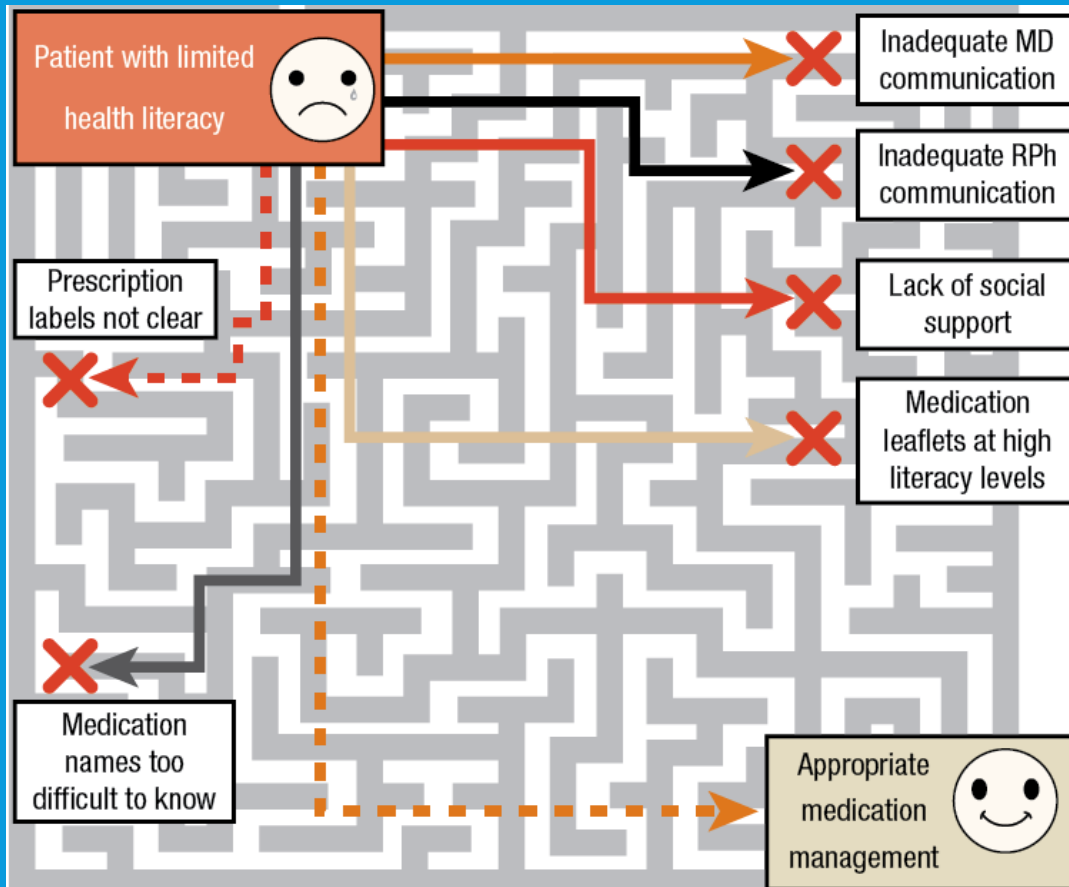
WHAT ELSE TO CONSIDER?

Communication/Relationship

- Quality and content of physician and pharmacist instruction
- Content of pharmacy label - font, colors, language...
- Patient's ability to ask questions/communicate concerns and/or issues



HEALTH LITERACY



Populations at highest risk:

- Older adults
- Racial and ethnic minorities
- Lower level of education – less than high school degree or GED certificate
- Low income
- Non-native English speakers
- People with compromised health status

“Only 12% of adults in the US have **Proficient** health literacy”

“Fourteen percent of adults (30 million people) have **Below Basic** health literacy”

EIGHT STEPS TO IMPROVE MEDICATION ADHERENCE

1. Consider medication nonadherence first as the reason a patient's condition is not under control
2. Develop a process for routinely asking about medication adherence
3. Create a blame-free environment to discuss medications with the patient
4. Identify **why** the patient is not taking their medicine
5. Respond positively and thank the patient for sharing their behavior
6. Tailor the adherence solution to the individual patient
7. Involve the patient in developing their treatment plan
8. Set patients up for success

<https://www.stepsforward.org/modules/medication-adherence>

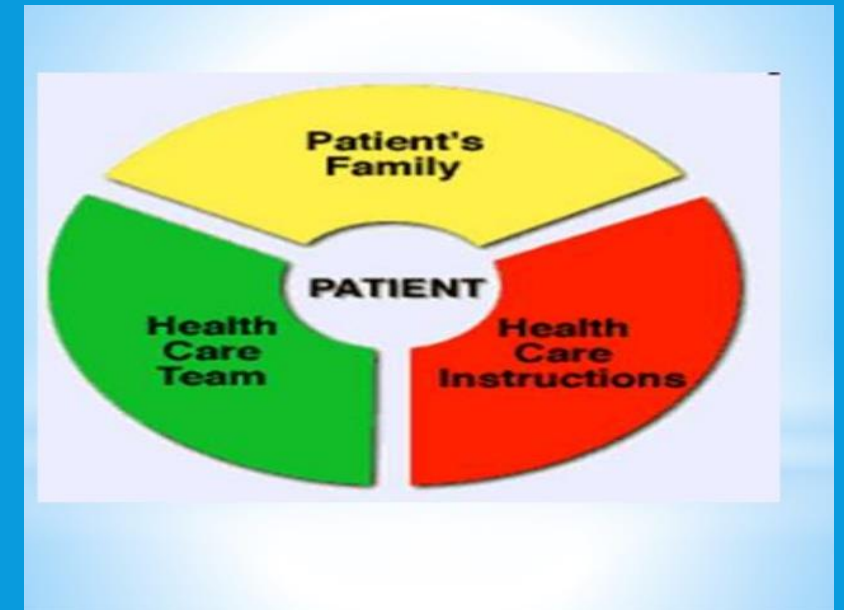
Marie T. Brown, MD, FACPRush Medical College

Christine Sinsky, MDAMA, Medical Associates Clinic and Health Plans

WE CAN BE FACILITATORS OF CONVERSATIONS TO IMPROVE MEDICATION ADHERENCE

What providers can do to improve adherence...

- Simplify regimen
- Discuss reminder system
- Involve family/significant others
- Stress the importance of honesty
- Facilitate shared decision-making & mutual goal setting
- Contract with patients



WE CAN BE FACILITATORS OF CONVERSATIONS TO IMPROVE MEDICATION ADHERENCE

What patients can do to improve adherence...

- Ask about once a day dosing
- Ask when the medication will start to improve symptoms, and which symptoms will improve
- Ask what will happen if symptoms don't improve at that time
- Have a reminder system
- Involve family/significant others



"I'm not telling you it's
going to be easy -
I'm telling you it's
going to be worth it."
-Art Williams

"Patients are often stripped from their individuality, are observed, and given medication recommendations out of context with their daily life. Community health workers go to their home and can see what is happening. The act of witnessing has allowed a lot of honest dialogue."

Heidi Behforouz, MD

*Life is not about waiting
for the storm to pass,
it's about learning to
Dance in the Rain*

REFERENCES

- https://www.hopkinsmedicine.org/IBDsymposium/Presentations_2013/Medication_Adherence.pdf
- <https://catalyst.nejm.org/optimize-patients-medication-adherence/>
- <https://health.gov/communication/literacy/quickguide/factsbasic.htm>
- <https://www.heart.org/en/health-topics/consumer-healthcare/medication-information/medication-adherence-taking-your-meds-as-directed>
- Wai Yin Lam, Paula Fresco [Medication Adherence Measures: An Overview](#) Biomed Res Int. 2015; 2015: 217047. Published online 2015 Oct 11. doi: 10.1155/2015/217047
- <https://catalyst.nejm.org/optimize-patients-medication-adherence/>
- <https://www.merckconnect.com/healthcaretopics/medication-adherence/disease-management-tools.html>
- <https://www.chcs.org/resource/opportunities-to-enhance-community-based-medication-management-strategies-for-people-with-complex-health-and-social-needs/>
- <https://www.americannursetoday.com/strategies-improve-posthospital-medication-management-chronically-ill-older-adults/>
- <https://oig.hhs.gov/oei/reports/oei-04-89-89121.pdf>
- <https://www.medscape.com/viewarticle/818850>